DOCUMENT RESUME

ED 480 752 UD 035 873

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TITLE	Identifying and Addressing the Needs of Children in Grandparent Care. Assessing the New Federalism: An Urban Institute Program To Assess Changing Social Policies. Series B.
INSTITUTION	Urban Inst., Washington, DC.
SPONS AGENCY	Annie E. Casey Foundation, Baltimore, MD.; Kellogg Foundation, Battle Creek, MI.; Robert Wood Johnson Foundation, Princeton, NJ.; Ford Foundation, New York, NY.; John D. and Catherine T. MacArthur Foundation, Chicago, IL.
REPORT NO	No-B55
PUB DATE	2003-08-00
NOTE	9p.
AVAILABLE FROM	Urban Institute, 2100 M Street, N.W., Washington, DC 20037. Tel: 202-261-5687; Fax: 202-293-1918; e-mail: pubs@ui.org; Web site: http://www.uipress.org.
PUB TYPE	Reports - Research (143)
EDRS PRICE	EDRS Price MF01/PC01 Plus Postage.
DESCRIPTORS	*Child Welfare; Children; *Family Caregivers; Family Income; *Family Structure; *Grandparents; Poverty; Social Services; Well Being
IDENTIFIERS	National Survey of Americas Families

ABSTRACT

This paper examines the needs of children in grandparent care, using data from the 1999 National Survey of America's Families. Information on the children was obtained from the adult in the household most knowledgeable about the child's education and health care. Most children in grandparent care live with much older caregivers and caregivers with less formal education. They tend to be younger than children in the care of other relatives. While more children in grandparent care than in other relative care live with a caregiver experiencing poverty and health problems, caregiver struggles with housing and child care appear to be less for children living with grandparents than for children living with other relatives. Similar shares of children living with grandparents and other relatives live with food insecurity if the caregiver suffers from mental health problems. Grandparents care for children with similar challenges in terms of their well-being as do other kin caring for related children. Many children in both groups do not receive services for which they are eligible. Many child welfare agencies are adapting services to better service kin caregivers involved with the child welfare system. (Contains 21 references.) (SM)

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ED 480 752

New Federalism
National Survey of America's Families

An Urban Institute Program to Assess Changing Social Policies

THE URBAN INSTITUTE

Series B, No. B-55, August 2003

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Identifying and Addressing the Needs of Children in Grandparent Care

Cynthia Andrews Scarcella, Jennifer Ehrle, and Rob Geen

Children in grandparent care live in a common type of relative care arrangement, yet one with unique characteristics.

When parents are not able to take care of their children, grandparents often step in. Grandparents most often take on this responsibility when a parent has a severe emotional, mental health, alcohol, or drug problem, or when abuse or neglect has occurred and the grandparent does not want the grandchild placed in a foster home (Jendrek 1994). Grandparents may also become primary caregivers in cases of teenage pregnancy (Minkler and Fuller-Thomson 1999; Minkler, Berrick, and Needell 1999). In 1999 approximately 1.3 million children, or 1.8 percent of the child population, were cared for by their grandparents without a parent present, according to the National Survey of America's Families (NSAF).[1] Historically, the number of children in the care of their grandparents has fluctuated between 1.3 and 2.1 percent of all children between 1940 and 1995 (Hernandez 1993; Pebley and Rudkin 1999).[2]

Grandparent care arrangements can come about in different ways. NSAF data suggest that for most children (1.1 million in 1999) these arrangements are made privately, within the family. For other children (200,000 in 1999), child welfare is involved. Child welfare agencies may intervene in families in which abuse or neglect is suspected and either offer services to the families or, if the risk is imminent or ongoing, remove the children from their homes and place them in state-supervised care. The child welfare agency may seek to place the child with a grandparent following an investigation of abuse or neglect or a grandparent already caring for an abused or neglected child may seek the assistance of the child welfare agency.

Regardless of how the arrangement came about, all children living with grandparents have experienced a separation from a parent, which can be traumatic (Bowlby 1980). Yet research suggests that living with a relative, rather than with a nonrelative or in an institution, may minimize this trauma by providing the child with a sense of family support (Dubowitz et al. 1994). Furthermore, many grandparents find meaning and satisfaction in being able to provide stability and security for a grandchild (Waldrop and Weber 2001). However, taking care of a grandchild may create or exacerbate a number of health and financial hardships for a grandparent caretaker.

In previous work we have looked at children in relative care generally, their well-being, service needs, and receipt of different services. In this brief we focus specifically on children in grandparent care because they live in a common type of relative care arrangement, yet one with unique characteristics. The majority of children in relative care families (58 percent) live with a grandparent. We find children in grandparent care tend to be younger and live with older caregivers who have less formal education compared with children in the care of aunts and uncles, cousins, or siblings. Given these differences, we might expect that grandparents would face challenges distinct from those faced by other

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relative caregivers. Children in grandparent care are in fact more likely to live in poverty and with a caregiver in poor health, but both groups experience similarly high levels of housing problems, food insecurity, and poor caregiver mental health. Children in grandparent care are also as likely as children in other types of relative care to have health, behavioral or emotional, or school problems. Yet despite these hardships and the well-being challenges of the children in their care, many grandparents, like other relative caregivers, do not receive the services they need.

Findings are based on data from the 1999 NSAF, a nationally representative survey that measures the economic, health, and social characteristics of over 44,000 households. This analysis uses information on the sample of children under age 18 cared for by a grandparent without a parent present in the household. Information on the children was obtained from the adult in the household most knowledgeable about the child's education and health care. In this brief, these adults are the children's grandparents, also referred to as the caregivers.

Grandparent Care—A Distinct Arrangement

This brief focuses on children in grandparent care because they live with a distinct group of relative caregivers with characteristics that not only distinguish them from other relative caregivers, but also highlight some of the challenges they may face in caring for young children at an older stage in their lives. For example, children in grandparent care live with much older caregivers (see table 1). Seventy percent of children in grandparent care are living with a caregiver who is over age 50, compared with 13 percent of children in relative care. Children in grandparent care also live with caregivers with less formal education. Thirty-three percent of children in grandparent care live with a caregiver who has less than a high school degree compared with 12 percent of children living with other relatives. Children in grandparent care also tend to be younger than children in the care of other relatives. Nearly a third (29 percent) of children living with grandparents are under the age of 6, compared with 11 percent of children living with other relatives.[3] Approximately equal percentages of children in grandparent and other relative care (48 and 51 percent, respectively) live with a married caregiver.

Income and Health Hardships

Given demographic differences, we might expect more children in grandparent care to live with a caregiver experiencing financial, health, and possibly emotional hardships than children living with other relatives. In some ways, we find this expectation true. In terms of income, more children in grandparent care (37 percent) live in poor families (households where the income is below 100 percent of the federal poverty level, or FPL) than children living with other relatives (23 percent).[4] While grandparents may have been financially stable when caring for themselves, their financial situation may become strained when they take on the care of their grandchildren. Many grandparents are likely to be retired and live on fixed incomes (Hardin, Clark, and Maguire 1997), unlike other younger relative caregivers who are still working.

On other measures of financial hardship, however, children in grandparent families fare better or as well as children living with other relative caregivers. For example, it appears children living with grandparents are less likely to live in families facing housing difficulties (31 percent)—either crowding or trouble paying bills—than children living with other relatives (51 percent). Grandparent caregivers may have accumulated more assets, such as a house. Child care needs also appear to be less in grandparent care arrangements, not surprising given many grandparents are retired. Nearly a third (30 percent) of children in grandparent care live with low-income single grandparents who work or two grandparents who both work, whereas 47 percent of children cared for by other relatives live in such families. Yet for those grandparents who do work or who need to return to work to help support the grandchild, finding and paying for child care can create a financial strain. Children in grandparent care also face similar levels of food insecurity as their counterparts living with other relatives.[5] But notably, about half (48 percent) of children

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TABLE 1. Demographics and Hardships for Children in Grandparent and Other Relative Care

	Children living with grandparents (sample size = 771) percent estimate	Children living with other relatives (sample size = 389) percent estimate
Caregiver		
Age		
25 to 34	0**	30**
35 to 44	12**	35**
45 to 54	44**	21**
55 to 64	28**	4**
65+	15**	0**
Percent over 50	70**	13**
Married	48	51
Education		
Less than HS diploma	33**	12**
HS diploma/GED	29	38
Some college (and/or voc tech)	26	27
College degree	12**	22**
In fair or poor health or has a limiting condition	54**	32**
Symptoms suggesting poor mental health	32	24
Highly aggravated[a]	23	22
Poor[b]	37**	23**
Low-income[b]	66	60
For low-income families		
Crowding or difficulty paying housing bills	31**	51**
Food insecurity[c]	48	48
For low-income families with a child 12 and under		
Working with probable child care needs[d]	30*	47*
Child		
Age		
≤ 5	29**	11**
6 to 11	41**	26**
12 to 17	30**	63**
High levels of behavioral or emotional problems (ages 6–17)	9	13
In fair or poor health or has a limiting condition	19	21
Low levels of school engagement (ages 6–17)	26	30
Low levels of outings (ages 0–5)	31**	3**

Source: Urban Institute calculations from the 1999 National Survey of America's Families.
a. For definition of "highly aggravated," see Ehrle and Moore (1999).
b. Poor is income below 100 percent of the federal poverty level; low-income is income below 200 percent of the federal poverty level.
c. For definition of "food insecurity," see Ehrle and Moore (1999).
d. Includes families where a single caregiver works or both caregivers in a two-caregiver family work.
* Based on t-tests, estimates for children in grandparent and relative care are statistically different at the 0.10 level.
** Based on t-tests, estimates for children in grandparent care and relative care are statistically different at the 0.05 level.

in both groups live in families experiencing food insecurity. With their income constraints, grandparents might have difficulty providing food for an additional child.

Not surprisingly, given grandparents' older age, many have health problems. More children in grandparent care live with a caregiver in fair or poor health or who has a limiting condition than do children living with other relatives (54 and 32 percent, respectively).[6] This means more than half the children living with grand-

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parents have a caregiver with a health condition. This condition may present challenges when caring for the daily needs of infants or toddlers. In fact more young children in grandparent care are taken on few outings (31 percent) than are young children living with other relatives (3 percent). Even raising school-age children can be fairly demanding and require an active caregiver to attend school functions, take children to activities or lessons, or supervise after-school play.

Emotionally, however, children in grandparent care live with caregivers who fare as well as other relative caregivers. We might expect grandparents to face more emotional challenges given they have reached a stage in life when they usually have finished parenting, and adding children to their households could be a difficult adjustment. Grandparents also may have to struggle with their own child's (the parent of their grandchild) problems while providing care for their grandchild. Yet despite these circumstances, percentages of children living with a caregiver in poor mental health or who is highly aggravated do not differ depending on whether the child is in the care of a grandparent or another relative. But it is notable that a third (32 percent) of children in grandparent care live with a caregiver experiencing poor mental health and nearly a quarter (23 percent) live with a highly aggravated caregiver. These data do not indicate whether a grandparent's aggravation or compromised mental health preceded the addition of the new child or was partly caused by the added caregiving responsibilities. However, other research has directly linked grandparent caregiving to higher levels of depression (Minkler et al. 2000).

Children's Well-Being

The trauma of being separated from a parent, and the experience of abuse or neglect, can lead to a variety of behavioral and emotional problems for children, including severe attachment disorders (Bowlby 1973, 1980; Karen 1998). Caring for a child with an attachment disorder may present parenting challenges no matter how loving and committed the new caregiver is (Hughes 1999). Many grandparents, and other relative caregivers as well, appear to be caring for children with poor well-being (see table 1).

These children may exhibit difficulties in their physical health, emotional well-being, or ability to engage in school. About one-fifth of children living with grandparents (19 percent) and other relatives (21 percent) have either a limiting condition or are in fair or poor health. Approximately a tenth of 6- to 17-year-old children living with grandparents (9 percent) and other relatives (13 percent) exhibit high levels of behavioral or emotional problems. Twenty-six percent of children cared for by their grandparent and 30 percent of children cared for by other relatives have low levels of school engagement.

Service Receipt

Given grandparents' distinct characteristics, income hardship, and the fact that they are caring for children who sometimes experience difficulties, we look at the service needs and receipt of children in their care. Generally we find that while children living with grandparents receive similar levels of service as children living with other relatives, there are still gaps in receipt of needed services (see table 2).

All grandparents caring for a grandchild are eligible for financial assistance, yet few receive it. Regardless of their incomes, grandparents can receive Temporary Assistance for Needy Families (TANF) child-only payments to help pay for their grandchild's care.[7] Payment amounts differ from state to state; in 2000 they ranged from $68 to $514 per month for one child, with an average of $238 per month.[8] These amounts decline for each additional child and do not vary depending on the age of the child. Grandparents caring for a child involved with the child welfare system can receive foster care payments if the child is taken into state custody and the grandparent meets foster care licensing requirements.[9] In 1999 basic foster care payments differed from state to state and ranged on average from $250 to $657 per month depending on the age of the child, with an overall national average of $403 per month.[10] Additional foster payments are made at the same rate for additional children. Moreover, foster parents typically receive supplemental payments for clothing, school expenses, or for the care of special needs children. Yet despite their eligibility for assistance, only 29 percent of children in grandparent care live in families receiving foster care or child-only payments.[11] This percentage does not differ significantly from the 24 percent of children living with other relatives who receive this assistance.

Many grandparents, like other relative caregivers, also do not receive help for food insecurity or housing problems. Of those children in low-income grandparent families, 16 percent live in families receiving housing assistance.[12] For families with food insecurity, income-eligible grandparent households can receive food stamps to supplement their food supply, and can include their grandchild in their food stamps grant. Of children in low-income grandparent care families, 43 percent live in families receiving food stamps. Levels of food and housing assistance are similarly low for children living with other relative caregivers.

Few grandparent caregivers, or other relative caregivers, receive needed mental health services. For about one in five (19 percent) children with a grandparent caregiver in poor mental health, the grandparent is receiving needed services. This percentage is similarly low for children living with other types of relative caregivers in poor mental health (21 percent). However, for many children in either grandparent care or

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TABLE 2. Services Received by Children and Relative Caregivers

	Children living with grandparents (sample size = 771) percent estimate	Children living with other relatives (sample size = 389) percent estimate
Receiving foster care or child-only payments for child	29	24
Of those caregivers with symptoms suggesting poor mental health, those receiving mental health services[a]	19	21
Caregiver knows of at least one "help place" in the community	82	83
Caregiver has attended religious services in survey year	84	90
Caregiver is currently insured[a]	85	79
For families with incomes under 200% of poverty level		
Receiving housing assistance	16	12
Receiving food stamps	43	40
Child is currently insured	81	80
Child is currently receiving Medicaid	47	36
Child has had no well care in the past year		
< 6 years old	26	36
6–17 years old	38	41

Source: Urban Institute calculations from the 1999 National Survey of America's Families.
Note: The sample sizes in the column heads do not apply to estimates based on subgroups.
a. This question was asked randomly of either the caregiver or the caregiver's spouse/partner, but not both. If the caregiver's spouse/partner answered this question, the value is missing for this child, resulting in slightly lower sample sizes (for the currently insured question: children in grandparent care = 566 and children in relative care = 282, for the receipt of mental health services question: children in grandparent care = 552, and children in relative care = 276).

relative care, the relative appears connected to social supports in the community. For 82 percent of children living with a grandparent and 83 percent living with another relative, their caregiver knows of at least one source of help in the community, such as a place to turn for help with housing or food problems, drug or alcohol problems, or to get away from a violent family member. Additionally, for 84 percent of children in grandparent care and 90 percent of children living with another relative, their caregiver attended a religious service at least a few times during the survey year.

Health coverage appears to be a problem for few grandparent and relative care households. Most children in grandparent and other relative care live with an insured caregiver (85 and 79 percent, respectively). And similarly high levels of children themselves in grandparent (81 percent) and other relative care (80 percent) have health insurance. Yet while these percentages are high, it is curious that any children in these groups are uninsured. All children in relative care are eligible to receive Medicaid, either through the foster care system or through a child-only grant made in their name. Yet just 47 percent of children in grandparent care and 36 percent of children living with other relatives receive Medicaid. Also, despite their health coverage, notable percentages of young children (ages 0–5) living with grandparents and other relatives did not have a well-child care visit in the survey year (26 and 36 percent, respectively). These percentages were similarly high for older children (ages 6–17) in both grandparent and relative care (38 and 41 percent, respectively).

Conclusion

Grandparent care is a unique relative care arrangement. Children in grandparent care are more likely to live with a caregiver who is older and has less formal education than children living with other relatives. A higher percentage of very young children are in the care of grandparents than are in the care of other relatives. Given these distinctions, we might expect more children in grandparent care to live with a caregiver experiencing hardships than children living with other relative caregivers. We do find more children in grandparent care than in other relative care live with a caregiver experiencing poverty and health problems. But caregiver struggles with housing and child care appear to be less for children living with grandparents than for children living with other relatives. And similar shares of children living with grandparents and other relatives live with food insecurity or a caregiver with mental health problems. Grandparents also care for children with similar challenges in terms of their well-being as do other kin caring for related children. And while levels of service receipt did not necessarily differ for children living with grandparents compared with children living with other relative caregivers, many in both groups do not receive services for which they are eligible.

Many child welfare agencies are adapting services to better serve kin caregivers involved with the child welfare system (DHHS 2001). Research has suggested that relatives are more likely to receive such services as financial assistance, food stamps, or Medicaid for the child when they are involved with child welfare (Ehrle and Geen 2002). However, the majority of grandchildren are being cared for by grandparents privately, without involvement of the child welfare system. Thus these families may need to seek the support of other agencies.

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Several agencies are available to provide these services. For instance, the welfare agency provides child-only payments and in some states coordinates with the child welfare agency to provide added supports to relative caregivers (Andrews et al. 2002). Furthermore, the Older Americans Act (OAA) provides funds to local aging agencies for the National Family Caregiver Support Program (NFCSP), which includes services to grandparents and other relative caregivers over the age of 60.[13] And many local organizations, such as churches and community centers, have recognized the need to support relative caregivers and provide support groups, respite care, and legal services (Generations United 2000). Finally, some local school systems offer services to help grandparents (Generations United 2000).

These findings provide insights on three important aspects of service delivery that may be useful to shaping future programs and services to grandparent caregivers.

- **Targeting:** Grandparent caregivers need specific services. They struggle from a lack of income. Grandparents may have assets from years of working, but may now be retired and on a fixed income. Grandparent caregivers may receive a child-only grant, but their assets may limit their own eligibility for welfare. Welfare agencies may want to reconsider asset restrictions for applicants who are older relative caregivers. Significant proportions of grandparents also need food and housing assistance, as well as respite care and mental health services to assist those with poor mental health or high levels of aggravation. Many children in their care need assistance dealing with health, behavioral, and educational problems. Children living with grandparents with less formal education may benefit from tutors. Similarly, if a grandparent caregiver has a health condition, a mentor could take the child on outings or facilitate the child's participation in activities.
- **Outreach:** Grandparents are often not aware of the services available to them. Only 29 percent of children in grandparent care live in families receiving a child-only or foster care payment for their care. Previous research suggests that many grandparents feel there is a stigma associated with accepting services/aid and therefore avoid involvement with public agencies (DHHS 2001). Agencies might consider ways to extend information to this population as well as service delivery approaches that reduce the stigma associated with public assistance. For example, many grandparents are well connected to community agencies. Agencies could provide information about assistance to other service providers that reach grandparent caregivers, such as schools and churches.
- **Access:** Many grandparents have limited access to services. They are older and often have health problems, making traveling to agencies difficult. Moreover, having less formal education may limit their knowledge of available services. Agencies might consider strategies for reaching grandparent caregivers who are limited in their mobility or unable to find available resources. In addition, some grandparent caregivers have reported that they applied for assistance and were denied benefits (DHHS 2001). Studies have found that eligibility workers may not be aware of the services that grandparent care families can receive (Chalfie 1994; Hornby, Zeller, and Karraker 1995). Child welfare and TANF agencies might consider training workers on various grandparent care eligibility issues to ensure that grandparent caregivers receive the assistance they need.

While ideally all children would live with their parents, often this is not possible. Grandparents provide an important service by caring for their grandchildren when parents cannot. Child rearing at an older age can be difficult, and children who have been separated from their parents require particular attention. To help grandparents raise these children it is important to ensure that grandparents are aware of and have access to existing supports and services.

Notes

1. This estimate is comparable to those provided by the U.S. Census Bureau. Using the 1998 Current Population Survey (CPS), the Census estimated that 1.4 million children were living with grandparents. The NSAF data suggest there is a 95 percent likelihood that the population estimate for 1999 is in between 1.1 and 1.5 million children.
2. Estimates of grandchildren being cared for by grandparents are not available for the years 1984 to 1988 because of limitations in the coding of subfamilies in the census and CPS (Pebley and Rudkin 1999).
3. We also compared the challenges of children living with an older (age 60 and above) grandparent with children being cared for by a younger (below age 60) grandparent. Children living with an older grandparent were significantly more likely to be teenagers (52 percent) than children cared for by a younger grandparent (22 percent). And younger grandparents were much more likely to be caring for a child under the age of 5 than older grandparents (35 and 11 percent, respectively). Children in the care of an older grandparent are also much more likely to be living with a caregiver who has less than a high school education than children in the care of a younger grandparent (51 and 26 percent, respectively).
4. The NSAF does not contain data on other assets such as savings, real estate, and stocks and bonds, which might have a significant effect on grandparents' financial well-being.
5. For more information on NSAF measures of child and family well-being such as food insecurity, mental health, parent aggravation, child behavioral and emotional problems, and school engagement please see Ehrle and Moore (1999).
6. A limiting condition is defined as a physical, mental, or other health condition that limits the kind or amount of work the caregiver can do.
7. In Wisconsin, the child must be at risk of harm if living with biological parents in

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order for the relative caregiver to be eligible for a TANF child-only payment.

8. These data are based on a telephone survey of states conducted by the Congressional Research Service and from Urban Institute tabulations.

9. In California and Oregon, kin must be caring for a child who came from an impoverished family to receive a foster care payment.

10. These data are based on the State Child Welfare Agency Survey conducted by the Child Welfare League of America and on Urban Institute tabulations.

11. Technically, private grandparent care families are only eligible to receive TANF child-only payments, which may contribute to their lower percentage of payment receipt. However, public grandparent care families often do not receive foster care payments because of difficulties becoming a licensed foster home, making them only eligible for TANF child-only payments (Leos-Urbel, Bess, and Geen 2000).

12. Assistance includes the government paying for part of their rent, help from a government program to pay housing bills, or welfare vouchers for rent.

13. NFCSP provides funding for five categories of support services: information to caregivers about available services; assistance to caregivers in gaining access to the services; individual counseling, organization of support groups, and training caregivers to assist them in making decisions and solving problems relating to their caregiver roles; respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities; and supplemental services on a limited basis, to complement the care provided by caregivers.

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This series presents findings from the 1997 and 1999 rounds of the National Survey of America's Families (NSAF). Information on more than 100,000 people was gathered in each round from more than 42,000 households with and without telephones that are representative of the nation as a whole and of 13 selected states (Alabama, California, Colorado, Florida, Massachusetts, Michigan, Minnesota, Mississippi, New Jersey, New York, Texas, Washington, and Wisconsin). As in all surveys, the data are subject to sampling variability and other sources of error. Additional information on the NSAF can be obtained at **http://newfederalism.urban.org**

The NSAF is part of *Assessing the New Federalism*, a multiyear project to monitor and assess the devolution of social programs from the federal to the state and local levels. Alan Weil is the project director. The project analyzes changes in income support, social services, and health programs. In collaboration with Child Trends, the project studies child and family well-being.

The ANF project is currently supported by The Annie E. Casey Foundation, The Robert Wood Johnson Foundation, the W. K. Kellogg Foundation, The John D. and Catherine T. MacArthur Foundation, and The Ford Foundation.

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